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COMMISSIONER FOR PATENTS
 UNITED STATES PATENT AND TRADEMARK OFFICE
 WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 8177

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|-----------------------------|-----------------------------------|--------------|------------------------|------------------------------------|
| SERIAL NUMBER 09/772,066 | FILING DATE 01/30/2001 RULE | CLASS 455 | GROUP ART UNIT 2681 | ATTORNEY DOCKET NO. 50310-00630 |
|-----------------------------|-----------------------------------|--------------|------------------------|------------------------------------|

APPLICANTS

Doug Hutcheson, San Diego, CA;
 Michael Brink, Bend, OR;
 Scot Jarvis, Sammamish, WA;

**** CONTINUING DATA *******

THIS APPLICATION IS A CON OF 60/241,830 10/20/2000 *JL*

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 03/14/2001

| | | | | |
|--|------------------------|----------------------|--------------------|-------------------------|
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>CL</i> Examiner's Signature <i> </i> Initials | STATE OR COUNTRY CA | SHEETS DRAWING 38 | TOTAL CLAIMS 73 | INDEPENDENT CLAIMS 7 |
|--|------------------------|----------------------|--------------------|-------------------------|

ADDRESS

25243

TITLE

Business method for providing wireless communication services and network and system for delivering same

| | | |
|------------------------------------|---|---|
| FILING FEE RECEIVED 2114 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|------------------------------------|---|---|



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